

# DDRS Quarterly Provider Meeting

April 2011

# EMPLOYMENT FIRST

- Community Meetings have been held in all 5 demonstration sites
  - Follow-up meetings occurring to develop innovative plans to support employment outcomes
  - Groups are identifying local issues and additional stakeholders
- BRS Corporate Development Unit is focusing efforts in each of the demonstration sites

# OBA Update

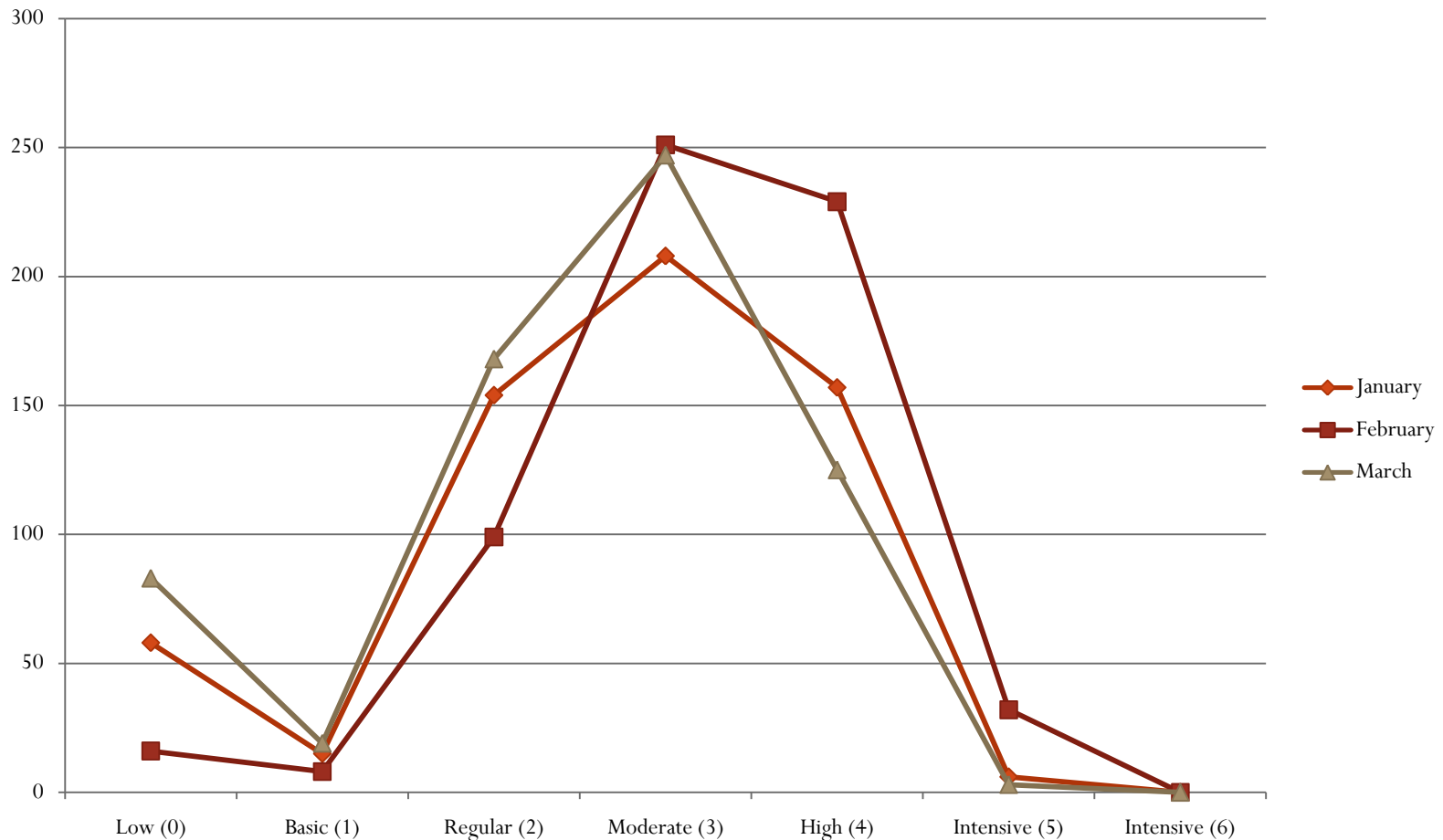
Through June 3,683 allocations have been released. Of those 3,683 allocations:

- 2,023 have decreased
- 1,611 have increased
- 49 have remained the same

# Algo Needs Descriptors

Level	Descriptor
<b>0</b> <b>Low</b>	High level of independence (Few Supports needed). No significant behavioral issues. Requires minimal Residential Habilitation Services.
<b>1</b> <b>Basic</b>	Moderately high level of independence (Limited supports needed). Behavioral needs, if any, can be met with medication or informal direction by caregivers (through the use of Medicaid state plan services). Although there is likely a need for day programming and light Residential Habilitation Services to assist with certain tasks, the client can be unsupervised for much of the day and night.
<b>2</b> <b>Regular</b>	Moderate level of independence (Frequent supports needed). Behavioral needs, if any, met through medication and/or light therapy (every one to two weeks). Does not require 24-hour supervision – generally able to sleep unsupervised – but needs structure and routine throughout the day.
<b>3</b> <b>Moderate</b>	Requires full-time supervision (24/7 staff availability) for medical and/or behavioral needs. Behavioral and medical supports are not generally intense and can be provided in a shared staffing setting
<b>4</b> <b>High</b>	Requires full-time supervision (24/7 frequent and regular staff interaction, require line of sight) for medical and/or behavioral needs. Needs are moderately intense, but can still generally be provided in a shared setting.
<b>5</b> <b>Intensive</b>	Requires full-time supervision (24/7 absolute line of sight support). Needs are intense and require the full attention of a caregiver (1:1 staff to individual ratio). Typically, this level of services is generally only needed by those with intense behaviors (not medical needs alone).
<b>6</b> <b>High Intensive</b>	Requires full-time supervision (24/7 more than 1:1). Needs are exceptional and for at least part of each day require more than one caregiver exclusively devoted to the client. There is imminent risk of individual harming self and/or others without vigilant supervision.

# Algo Levels by Month



**Note that of allocations released the majority fall in the Algo 3 range.**

# What if My BRQ is denied?

- Make sure the questions are fully answered. The primary reason for denial is not providing enough information. You may resubmit with more information.
- Make sure you are clearly explaining the factors that place that individual in a different Algo level i.e. behaviors, incident reports, risk plans, current or new diagnoses.
- You've already had a PAR review. If you've already had a PAR review for this annual, only a significant change in health or behavior will warrant a full PAR review after one has already been completed.
- If you are requesting a BRQ for a change in Living Arrangement or need an adjusted allocation for living arrangement change, make sure your request is clear. Changes in Living Arrangement will be done at the District Level review and do not get a full PAR review unless explicitly requested in the narrative of the BRQ responses.

# Adult Foster Care

Adult Foster Care Services means a living arrangement in which an participant lives in the private home of a principal caregiver who is unrelated to the participant.

Necessary support services are provided by the principal caregiver (a foster parent) as part of Adult Foster Care Services. Only agencies may be foster care providers, with the foster care settings being approved, supervised, trained, and paid by the approved agency provider. Separate payment will not be made for homemaker or chore services furnished to an individual receiving Adult Foster Care Services, since these services are integral to and inherent in the provision of adult foster care services.

## ACTIVITIES NOT ALLOWED

- Services provided in the home of a caregiver who is related by blood or marriage, in any degree, to the participant.
- The service of Residential Habilitation and Supports is not available to participants receiving the service of Adult Foster Care.
- Separate payment will not be made for waiver transportation services.

# Adult Foster Care

- A PAR review and the BRQ are not applicable to individuals in the Adult Foster Care service.
- This is because the ICAP Assessment and Addendum is not used to calculate their allocation. Individuals in AFC are assessed using the AFC tool and given the option to attend up to \$10,500 in day services and bman services as needed. AFC



# The Right to Appeal and Have a Fair Hearing

If your application or service is denied, you may file an appeal within 30 days of the decision date shown on this notice. The time limit for filing an appeal is extended by 2 days if this notice is received by mail. Your Home and Community Based Services (HCBS) benefits will continue if you file an appeal within the required time frame of the decision notice. If you appeal and your benefits are continued and you lose the appeal, you may be required to repay assistance paid in your behalf pending the release of the appeal hearing.

## How to Request an Appeal:

- If you wish to appeal this decision, you may request an appeal within 30 days of the date of this notice. The time limit for filing an appeal is extended by 3 days if this notice is received by mail. To file an appeal, please sign, date and return the Hearings & Appeals copy of this form to:

Office of Hearings and Appeals

MS 04

402 W. Washington St. Room E-304

Indianapolis, IN 46204

If you are unable to sign, date, and return this form to the above mentioned address, you may have someone assist you in requesting the appeal.

- You will be notified in writing by the Indiana Family and Social Services Administration, Hearings and Appeals office of the date, time, and location for the hearing. Prior to, or at the hearing, you have the right to examine the entire contents of your case record maintained by the Case Manager.
- You may represent yourself at the hearing or you may authorize a person to represent you, such as an attorney, relative or other spokesperson. At the hearing you will have full opportunity to bring witnesses, establish all pertinent facts and circumstances, advance any arguments with interference and question, or refute any testimony or evidence presented.

# Streamlining LOC and SGL Placement

- Single Point of Contact for Providers
  - Celia Bartel
- Statewide Database
- Tracking of referrals and placements
- Statewide coordination of needs based placement.

# Process Overview: Submitting for LOC

- District Office will put together LOC documents and submit to BDDS SGL Coordinator in Central Office
- LOC packets will go to the State LOC Committee for review.
- LOC approval/denial will go to BDDS SGL Coordinator who will notify district office and begin searching vacancies for referral.

# Process Overview: Filling SGL Vacancies

- SGL Providers will notify BDDS SGL Coordinator of vacancies as they arise.
- BDDS SGL Coordinator will review the current packets and send the ones that may fit into the home. A questionnaire may be sent to provider to identify house mix.
- Provider may choose client(s) from the packets provided by the BDDS SGL Coordinator or request more packets. If more packets are requested, Provider will be asked to provide BDDS SGL Coordinator with reasoning why initial packets are not appropriate for their vacancies to help us identify appropriate placement in the future
- Once the Provider determines a client to be inappropriate for their vacancy, that client is no longer available to that Provider and the packet is to be immediately discarded per HIPAA compliance policies for proper disposal of sensitive documents
- BDDS SGL Coordinator will continue to seek appropriate placement for any client that is not currently placed until such placement is made
- ALL** placements must have RAF approval signed by BDDS Director or designee prior to transitioning to the residence to authorize payment. District office staff do not have placement authority.

# BQIS Survey Changes

- BQIS will update survey tools based on the expectations of the CMS Performance Measures
- Anticipate only minor changes to Comprehensive Survey Tool (CST - for individuals)
- Compliance Evaluation Review Tool's (CERT - provider compliance) references will change
- New versions will be posted in advance of effective dates

# CERT Process

- Every provider will be reviewed once every three years
- DDRS/Division of Aging working on combining survey processes/tools for providers in both systems
- Pilot surveys will be conducted
- All changes will be announced, revised tools/processes posted on BQIS website

# BQIS Survey Information

- Starting this quarter, aggregated CERT data will be shared on a routine basis.
  - [http://www.in.gov/fssa/files/BQIS\\_CERT\\_Survey\\_Summary\\_4.2011.pdf](http://www.in.gov/fssa/files/BQIS_CERT_Survey_Summary_4.2011.pdf)
- Will report most frequently cited indicators and provide examples of indicators met
- Will provide suggestions for facilitating the survey process
- Goal is to develop similar format for routinely sharing CST data

# Changes to Incident Reporting & Management Policy

- All medication errors, regardless of severity are reportable
- All uses of restrictive interventions, regardless of whether part of an approved Behavior Support Plan (BSP) or not are reportable
- Included in CMS Performance Measures in SSW & DD waivers



# Changes to Incident Reporting & Management Policy, cont.

- Falls that result in injury, regardless of severity
- Use of any aversive technique
- Any scalding
- Any injury requiring more than first aid
- Any puncture wound penetrating the skin, including human or animal bites
- Any pica ingestion requiring more than first aid

# Changes to Incident Reporting & Management Policy, cont.

- Policy clarified alleged, suspected, or actual:
  - Physical abuse
  - Emotional/verbal abuse
  - Sexual abuse,
  - Neglect
  - Exploitation
- Policy clarified peer to peer aggression and missing person

# Changes to Incident Reporting & Management Policy, cont.

- Defines content of initial and follow-up IRs
- Identifies entities to be contacted
- Clarifies representatives of the state responsible for follow-up based on funding source

## New Policy - Restrictive Interventions

- Must be based on data from Behavioral Support Plan (separate DDRS policy) confirming danger to individual
- Confirms that restrictive interventions are temporary – alternative behaviors should be identified and learned
- Clarifies direct support staff training must be conducted by behavioral support provider or someone trained by the behavior support provider

## New Policy - Restrictive Interventions, cont

- Requires behavioral support providers to:
  - Graph targeted and replacement behaviors
  - With cooperation from IST, monitor individual's environment and use of BSP
  - Adjust and readjust as necessary
  - Report quarterly progress to team

## New Policy - Restrictive Interventions, cont

- Incident reports must be followed when any of the following are used:
  - Prone restraints
  - Aversive techniques
  - Chemical, manual, & mechanical restraints
- Requires policy addressing use of restrictive interventions in emergency situations
- Permits use of medical restraints for medical procedures, to allow healing, and to protect from injury

# New Policy - Individual/Guardian Responsibilities

Policy identifies:

- Key information to be shared for successful service delivery;
- Deadlines for completing actions related to changing providers;
- Importance/necessity of participating in development/implementation of risk plans;

## New Policy - Individual/Guardian Responsibilities, cont.

- Timeframes for representatives of the state to access individual's home; and
- Identifies action taken for lack of necessary participation by individual/guardian



# Resource Information

## **BQIS Contract Liaison:**

- Shelly Thomas: (317) 234-2707
- Email: Shelly.Thomas@fssa.in.gov

## **Liberty of Indiana:**

- Fort Wayne Office: (260) 482-3192  
Indianapolis Office: (317) 974-0980

# BRS: PUBLIC HEARINGS

- Currently operating under the 2011-2012 State Plan
  - Must submit annual updates to attachments
- Three policy chapters are included
- Public hearings are scheduled across the state
  - April 18 -21, 2011
- Website to find the documents/information:

<http://www.in.gov/fssa/ddrs/3920.htm>

# BRS: RSA MONITORING UPDATE

- Rehabilitation Services Administration has approved the BRS Corrective Action Plan
- BRS has been implementing the plan
  - Waiting for RSA response to latest quarterly report
- Unknown at this time whether Indiana is in a payback situation
  - RSA is reviewing revised fiscal report

# BRS: CORPORATE DEVELOPMENT

- Approximately 45 people have been hired at CDU businesses since the start of FFY2011
- BRS encourages providers to utilize this resource as employment for consumers is sought
- Lowes Distribution Center preparing to hire
- Developed the Walgreens-Indiana Statewide Consortium

# BRS: INDICATOR UPDATE (6 Months)

PERFORMANCE INDICATOR	FEDERAL TARGET	INDIANA RESULT
# Successful Closures (FFY10 + 1)	4,102	2,208
% People Rehabilitated	55.8%	54.20%
% Competitively Placed	72.6%	97.42%
# People W/Significant Disability	62.4%	77.27%
Ratio: Average Hourly Wage of Consumers to All Employed Hoosiers	.52 ratio of \$18.93	VR Customer Wage is \$11.11; Ratio is .593
Difference – Income at Closure vs Income at Application	53.0	48.58
Ratio: Service Rate for Minorities	.80	.771

# BRS: INDICATOR UPDATE (6 Months)

- 282 more people obtained successful employment outcomes as compared to the same timeframe in the prior year
  - 14% increase

# BRS: TRAUMATIC BRAIN INJURY

- Indiana has a Traumatic Brain Injury grant
- Presentations on Various TBI Topics are scheduled quarterly in three VR Regions where VR TBI Local Support Networks operate
- A total of 12 are planned for 2011.
  - The first TBI Presentation was conducted in Fort Wayne where over 70 people attended.

# BRS: BENEFITS INFORMATION NETWORK

- BIN is supported through both VR and MIG funds.
- As MIG is coming to an end, BRS is preparing for sustainability of this service
- As part of sustainability, BRS will:
  - implement criteria for when BIN referral is absolutely critical
  - Ensure maximum utilization of other low or no-cost benefits planning resources